File with:

lowa Ethics and Campaign Disclosure Board	Reset Form		JA STAYOS ANY
510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073		ICTIONS, SEE BACK OF FORM JRE SUMMARY PAGE	2000 daying purp
COMMITTEE NAME (Must be	e same as on Statement o	of Organization)	
Committee to Elect Greg Forristall			FORM
iMPORTANT: Indicate by # type (1) Statewide/Legislative/Judge (4) County Central Committee (5 Subdivision Candidate (8) Coun 11) Local Ballot Issue	DR-2 (Rev. 07/2007) DISCLOSURE REPORT For Office Use Orlly Comm. #		
CANDIDATE COMMITTEES Candidate Name Greg Forristall	ONLY:	Political Party (if applicable Republican	Logged In S
Office Sought Representative		District (if Senate or House 98	I I
AM FILING A Jan. 19		REPORT FOR (1) ELECTI	ION /(2)NON-ELECTION YEAR.
	eport date)		by # 1
CHECK IF AMENDMENT T	O REPORT DATED		Local Committees, enter Date of Election
	ation) report and attach No o file reports until a DR-3 i	otice of Dissolution Form DR-3. is filed.)	County & Local Committees, enter County in which Election is held
STATEM	ENT OF CASH ON H	IAND	
	ount MUST be the same a	d. (Total of all funds held by the s the cash on hand at the end	\$ 4,936.10
ADD TOTAL MONEY	CIOO OI IIIOSE DE ECIO II (II	is is first report filed.)	
	TAKEN IN THIS PERIO		202.00
Schedule A: Cash C	Y TAKEN IN THIS PERIO		200.00
	TAKEN IN THIS PERIO		
Schedule F: Loans F	Y TAKEN IN THIS PERIO ontributions total (Attach S Received total (Attach Sch	D Schedule A) (*also see in-kind below)	

5,136.10 SUB-TOTAL.... SUBTRACT TOTAL MONEY SPENT THIS PERIOD 4,000.00 Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...... Schedule F: Loan Repayments total (Attach Schedule F)..... 1,136.10 CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ 0.00 ***UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ 0.00 *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ 0.00 **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ ✓ NO YES CONSULTANT BREAKDOWN (Schedule G Attached?) CANDIDATE COMMITTEES ONLY: 0.00 VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form	Reset Form	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	Reset Folin	(Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Committee to Elect Greg Forristall	7		CK THIS BOX IF NDING FORM
	4	E .	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/22/08	ID# ₆₄₀₀ CK#	Iowa Restaurant Assn. 8525 Douglas, STE 47 Des Moines, IA 50322	N	\$100	
10/30/08	ID# 6067 CK# 3966	Iowa Health PAC 6750 Westown Pkwy, STE 100 West Des Moines, IA 50266	N	100	
	ID# CK#				
	ID# CK#				
	ID# CK#				
 	ID#				
•	ID#				
	ID#				
	ID#				
	ID#				
····	CK#		SUB-TOTAL	\$ 200	L
		TOTAL (if last page	ge of this schedule)	\$ 200	

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Pev. 07/03)	MONETARY EXPENDITURES	
CHECK THIS BOX IF		

COMMITTEE NAME	(Must be same as on	Statement of Organization)
Committee to Elect	Greg Forristall	

	CANDIDATE	MANUE AND ADDRESS TO MANUE		
DATE	ID NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE (DESCRIBE TRANSACTI()N)	AMOUNT EXPENDED
EXPENDED	(if applicable)	(Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
(MM/DD/YR)	AND PAC CHECK	·		
	NUMBER			
	ID#			ļ
100100		Majority Fund	Contribution	
10/21/08	CK#1088	621 E 9th St		s 4000
		Des Moines, IA 50309		*
	ID#			
	CK#			
	CN#			
	ID#			
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		<u> </u>		
			SUB-TOTAL	\$ 4000

THIS ROX	APPLIES TO	CAR	IDIDATES	COMI	RITEE	ONI V

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page I	of ¹

\$ 4000

TOTAL (if last page of this schedule)

(for Schedule B)